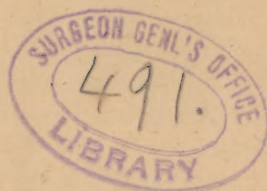


HOAG (J. C.)

A successful method
of treating follicular
tonsillitis



A SUCCESSFUL METHOD OF TREATING FOLLICULAR TONSILLITIS.

By JUNIUS C. HOAG, M. D., CHICAGO.

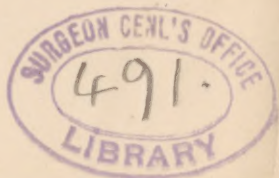
Among the forms of disease most familiar to the physician is that of follicular or lacunar tonsillitis. The symptoms and anatomical features of tonsillitis in general are well known to all. The special characteristic of the follicular form is the presence of cheesy masses which fill up the follicles of the tonsil and projecting upon the surface of the gland give it a punctated appearance. This feature of the disease may, indeed, be marked by the formation of a pellicle composed of the same material as that which fills the follicles and which may simulate the membrane of diphtheria; but the removal of this pellicle, which is easily accomplished, will generally enable one to make the correct diagnosis.

The differentiation of follicular tonsillitis from diphtheria may occasionally be attended with difficulties, but it is certainly not so as a rule; and yet we know that many physicians habitually inform their patients that they are suffering from diphtheria when in truth it is merely a question of tonsillitis. To this fact, doubtless, many of the marvelous cures of diphtheria may be ascribed.

To my mind the most remarkable feature of follicular tonsillitis is the disproportion generally witnessed between the comparatively innocent appearance of the tonsil and the comparative severity of the constitutional symptoms. But a few years ago I made an observation which to me seems equally remarkable and one that possesses very important bearings. This observation contains the kernel of my present remarks, and is this: The removal of the cheesy plugs which occlude the lacunae and follicles of the tonsils is uniformly followed by a very marked amelioration of all the symptoms of the disease.

The material which accumulates in the lacunae consists of masses of fibrinous lymph, mucus and epithelial cells swarming with micrococci, the commonest form being a streptococcus. My explanation of the severity of the symptoms of the disease is that

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a toxemia is produced; and conversely the removal of the source of the poisoning results in prompt relief to the patient.

My treatment is easily described. When I find a patient with the high fever and sore throat of follicular tonsillitis, I spend fifteen or twenty minutes in removing the exudate of the tonsils. I do this with the aid of three little instruments, viz: a small spoon such as is used in clearing out the meatus of the ear, an ordinary silver probe wrapped with a small piece of absorbent cotton dipped in peroxide of hydrogen, and a small forceps with which to seize sticky masses not easily removable with the other instruments. My usual directions are to make frequent applications of peroxide of hydrogen to the tonsils by means of a brush, in addition to which I direct the use of the ordinary gargles and appropriate constitutional treatment. But my main reliance is in the topical treatment as described and after a single séance with the patient I confidently expect to find a very marked improvement within a few hours and am rarely disappointed therein. This treatment is usually repeated once or twice.

I have treated many patients in this manner and have been greatly satisfied with the results obtained. Recently I have looked over as much of the literature of the subject as was conveniently accessible and failed to find any similar treatment described. By my method I am convinced that I am enabled to shorten the duration of the disease very materially; indeed my patients get well in half the time required by former treatment. I therefore recommend this procedure to you in full confidence that you will be pleased with it.

58 FORTY-THIRD STREET.

